

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 11-JUL-2014		2. ADDRESS OF OCCURRENCE 1533 S CHRISTIANA AVE CHICAGO, IL 60623		3. LOCATION CODE 304		4. BEAT/OCCUR 1021											
5. POSITION 9161		6. LAST NAME KAHN		7. FIRST NAME BRETT K		8. STAR NO. 17785		9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		10. RACE CODE WHI		11. AGE 702		12. HT. 193			
13. DATE OF APPT. 01-AUG-2012		14. EMPLOYEE NO. [REDACTED]		15. UNIT & BEAT OF ASSIGNMENT 010 1065C		16. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		17. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		18. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. HT. 508		20. WT. 170			
21. LAST NAME SMITH		22. FIRST NAME JERMAH		23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		24. RACE BLK		25. DOB 16-APR-1984		26. HT. 508		27. WT. 170		28. VLT. [REDACTED]			
29. ADDRESS 1338 S MILLARD AVE CHICAGO, IL 60623		30. TELEPHONE NO. [REDACTED]		31. WAS SUBJECT ARMED/MANDATORY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		34. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		35. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		36. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
37. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		38. BY WHOM? AMB 83		39. CONDITION <input type="checkbox"/> 01 Hospitalized <input checked="" type="checkbox"/> 02 Not Hospitalized		40. APPROVED BY NAME [REDACTED]		41. APPROVED BY SIGNATURE [REDACTED]		42. UNDER INFLUENCE <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		43. RETURNED MEDICAL AID <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		44. RETURNED MEDICAL AID <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
45. CHARGES PLICED 720 ILCS 5/24-1-A-1, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-2		46. CHARGES PLICED [REDACTED]		47. CHARGES PLICED [REDACTED]		48. CHARGES PLICED [REDACTED]		49. CHARGES PLICED [REDACTED]		50. CHARGES PLICED [REDACTED]		51. CHARGES PLICED [REDACTED]		52. CHARGES PLICED [REDACTED]			
53. SUBJECT'S ACTIONS DID NOT FOLLOW VERTICAL DIRECTION <input checked="" type="checkbox"/> STEEKED (DEAD WEIGHT) <input type="checkbox"/> OTHER <input type="checkbox"/>		54. SUBJECT'S RESPONSE MEMBER PRESERVE <input checked="" type="checkbox"/> FIREAL COMMANDS <input checked="" type="checkbox"/> ESCORT NOTES <input checked="" type="checkbox"/> FIRELOCK <input checked="" type="checkbox"/> ARMED <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> OC/CHEMICAL WEAPON WAIVER/INFORMATION <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		55. SUBJECT'S RESPONSE OPEN HAND STRIKE <input checked="" type="checkbox"/> TAKE COVER / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC/CHEMICAL WEAPON <input checked="" type="checkbox"/> CANINE <input checked="" type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Conduct Stim) <input checked="" type="checkbox"/> TASER (Laser Targeted) <input checked="" type="checkbox"/> TASER (Spark Displayed) <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		56. SUBJECT'S RESPONSE IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		57. SUBJECT'S RESPONSE ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		58. SUBJECT'S RESPONSE ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		59. SUBJECT'S RESPONSE KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER <input type="checkbox"/>		60. SUBJECT'S RESPONSE FIREARM <input type="checkbox"/> OTHER <input type="checkbox"/>		61. SUBJECT'S RESPONSE FIREARM <input type="checkbox"/> OTHER <input type="checkbox"/>	
62. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		63. WEAPON TYPE <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		64. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		65. LIGHTING CONDITIONS <input type="checkbox"/> 01 Night <input type="checkbox"/> 02 Daylight <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		66. WEATHER CONDITIONS CLEAR		67. WEATHER CONDITIONS CLEAR		68. WEATHER CONDITIONS CLEAR		69. WEATHER CONDITIONS CLEAR			
70. TASER DART ID NO. [REDACTED]		71. WEAPON SERIAL NO. (Exclude Letters) [REDACTED]		72. CHICAGO GUN REG. NO. [REDACTED]		73. FIREARM OWNER ID. NO. [REDACTED]		74. FIREARM OWNER ID. NO. [REDACTED]		75. FIREARM OWNER ID. NO. [REDACTED]		76. FIREARM OWNER ID. NO. [REDACTED]		77. FIREARM OWNER ID. NO. [REDACTED]			
78. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		79. PROPERTY INVENTORY NO. [REDACTED]		80. TYPE OF AMMUNITION USED [REDACTED]		81. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		82. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]		83. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]		84. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]		85. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]			
86. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		87. WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		88. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		89. HOW WAS MEMBER'S HANDGUN DRAWN? <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		90. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		91. DID MEMBER USE BRIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		92. DID MEMBER USE BRIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		93. DID MEMBER USE BRIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			
94. DESCRIBE PROTECTIVE COVER USED (WALL, POLE, DOORWAY, CAR, FURNITURE, ETC.) [REDACTED]		95. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED [REDACTED]		96. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		97. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		98. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		99. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		100. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		101. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)			
102. NOTIFICATIONS (OC OR TASER INCIDENT): [REDACTED]		103. NOTIFICATIONS (FIREARM INCIDENT): [REDACTED]		104. NOTIFICATIONS (FIREARM INCIDENT): [REDACTED]		105. NOTIFICATIONS (FIREARM INCIDENT): [REDACTED]		106. NOTIFICATIONS (FIREARM INCIDENT): [REDACTED]		107. NOTIFICATIONS (FIREARM INCIDENT): [REDACTED]		108. NOTIFICATIONS (FIREARM INCIDENT): [REDACTED]		109. NOTIFICATIONS (FIREARM INCIDENT): [REDACTED]			
110. REPORTING MEMBER (Print Name) KAHN, BRETT K		111. SUPERVISOR (Print Name) [REDACTED]		112. SUPERVISOR (Print Name) [REDACTED]		113. SUPERVISOR (Print Name) [REDACTED]											

Log # 1071320
ATT # 23

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE RESTRICTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL RESTRICTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHILE THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ OK

☒ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Smith, after hearing his Constitutional Rights from R/L at 0050 Hrs., in a 10th District processing room holding cell, stated that he wanted to go home.

76. WATCH COMMANDER/OCIC RATIONALE FOR USE OF FORCE

Upon reviewing the officer's sworn report and interviewing subject Simmons, LISA (CB #189,2820), the member's actions were in compliance with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO. CRND _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

GILTMIER, BETH A

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

12-JUL-2014 03:59:16

79. DISTRIBUTION OF ORIGINAL IRR

A IRR PACKET, INCLUDING THE IRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF

CASE REPORT

ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ OR INDICATION REPORT

80. TOTAL IRRs THIS EVENT No

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